

Update on Implementation Efforts of Low Income Health Program

**Stakeholder Advisory Committee Meeting
November 3, 2011**



Implementation Status – Legacy Counties



LIHP Implementation Timeline



Deliverables Summary

- Deliverable #1 - Revised Proposed LIHP Implementation Date
- Deliverable #2 - LIHP Hearings and Appeals Process Policy and Procedures
- Deliverable #3 - LIHP Network Provider List
- Deliverable #4 - LIHP Network Adequacy and Access Report by Zip Codes
- Deliverable #5 - LIHP Geographic Access Distance Map
- Deliverable #6 - LIHP Geographic Access Time Map
- Deliverable #7 - Source of Local Non-Federal Funds
- Deliverable #8 - Cultural Competency Policies and Procedures
- Deliverable #9 - Credentialing and Re-credentialing Policies and Procedures
- Deliverable #10 - Add-On Services for MCE and HCCI
- Deliverable #11 - FQHC
- Deliverable #12 - Alternative Access Standards for Primary Care
- Deliverable #13 - Appointment Scheduling Policies and Procedures
- Deliverable #14 - LIHP Enrollment Application
- Deliverable #15 - LIHP Enrollment Information Packet
- Deliverable #16 - Network Adequacy – Specialty Care, Alternative Access
- Deliverable #17 - Network Adequacy – Policies and Procedures for Monitoring Timeliness
- Deliverable #18 - Enrollment and Eligibility Policies and Procedures
- Deliverable #19 - Utilization Management and Prior Authorization Policies and Procedures
- Deliverable #20 - Single Audit Report
- Deliverable #21 - LIHP County Attestation
- Deliverable #22 - Organization Chart
- Deliverable #23 - Coordination of Care Policies and Procedures
- Deliverable #24 - Maintenance of Effort (MOE)
- Deliverable #25 - LIHP and Ryan White Coordination Information Worksheet

Projected LIHP Implementation Dates



Application and Enrollment

- Enrollment at clinics, hospital, emergency rooms
- Operation Full Enrollment
- Fast Track pass
- Strategies for uninsured in behavioral health network



Challenges: Application and Enrollment

- Piloting approaches to improve retention
- Paper based enrollment system
- Limitations with data/IT system



Build and Maintain Provider Network

- Third party administration by public health plan
- Physical and behavioral health networks coordination to leverage 340b Rx discounts
- Delivery model change: episodic care visit based model to patient centered medical home model
- Primary care teams involving PCP, mid-level extenders, CMAs and Care managers



Challenges:

Build and Maintain Provider Network

- Timely access for primary care results in longer waits for non-LIHP clients
- Competing for providers with health care organizations



Coordination of Care/ Medical Homes

- Electronic Health Records, team-based care improves continuity of care
- Patient Centered Medical Homes
- Specialty Decompression

Challenge: Juggling needs of new vs. established patients with meeting timely access



Technical Assistance Efforts

- Blue Shield of California Foundation implementation grants
- Meetings with counties to discuss implementation status



Program Policy Development Activities

- Provider policy letters
 - Out-of-Network Emergency Services Provided to Individuals Enrolled in Low Income Health Programs
 - Low Income Health Program Inmate Eligibility Program



Claiming and Reimbursement Status

- Health services protocol
 - Certified public expenditures
 - Capitation rates
- Administrative activities protocol
- Alternative payment methodology for FQHCs



Ryan White Act Clients Integration

- Ryan White Part B providers transition plans
- New LIHPs transition plans and network adequacy determinations
- CMS oversight
- Collaboration with HIV advocacy groups
- Proposed HIV Transition Incentive Plan
- Medi-Cal drug pricing opportunities



CMS Collaboration

- Constant communication
- Team approach with CMS Regional Office and Central Office
- Guidance and clarification on program requirements
- Claiming and reimbursement protocols

